DATEMIT AND INSTITUTE OF DETERMINATION DEC									Application	pplication or Docket Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								HRT 0256 C3				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	_	R THAN ENTITY
TOTAL CLAIMS			7			. ]		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	SE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		. 8			X\$ 9=	·	OR	X\$18=	_
INDEPENDENT CLAIMS			2 minus 3 =		. 6			X43=		OR	X86=	-
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT	·				+145=		OR	+290=	_
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	OR	TOTAL	770
of CLAIMS AS AMENDED - PART II										<b>]</b> O	OTHER	THAN
. <i>Y</i>	3/3(104 (Column 1) (Column 2) (Column 3)							SMAL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 1	Minus	- 2	0	-0		XS 9=		OR	X\$18=	
ME	Independent	· 3	Minus		3_	0		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									<b>= -</b>			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••				X\$ 9=		OR	X\$18=	٠.
	Independent	<u> -</u>	Minus ·	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 🐒 🔲							+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			QUII. FEEI	<del>-</del>
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST . ER USLY	PRESENT EXTRA		RATE	· ADDI- TIONAL FEE	. [	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		9		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***				X43=		OR	X86≃	
`	FIRȘT PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		t	+145=		OR	+290=	·
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								<del>┃</del> ┈┈┈┥	ΛΡ. L	TOTAL	
	the Wishest No	DOTT. FEE		٠. ٣								

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